PTO/SB/21 (08-03)

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## **TRANSMITTAL FORM**

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Application Number 10/671,816 Filing Date September 25, 2003 First Named Inventor Vernon G. WONG Art Unit 1615 **Examiner Name** Not Yet Assigned Attorney Docket Number 440882000201

ENCLOSURES (Check all that apply)								
Fee Transmittal Form		Drawing(s)	After Allowance Communication to Group					
Fee	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendme	nt/Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After	;Final	Petition to Convert to a Provisional Application	Proprietary Information					
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
Extension	of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please identify below):					
	bandonment Request	Request for Refund  CD, Number of CD(s)	Request for Withdrawal as     Attorney or Agent (in triplicate) -     3 pages					
Certified C	opy of Priority (s)		2. Return Receipt Postcard					
	to Missing Parts/ Application	Remarks						
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	•							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Thomas E. Ciotti - 21,013							
Signature	Thomas & Ceotte							
Date	January <u>/S</u> , 2004							

I hereby certify that this correspond an envelope addressed to: Comm			sufficient postage as First Class Mail, in 3-1450, on the date shown below.
Dated: 1/16/04	Signature:	Inply!	(Thao T. Pham)



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## 10/671,816 Application Numb r Filing Date September 25, 2003 First Named Inventor Vernon G. WONG **REQUEST FOR WITHDRAWAL** Art Unit 1615 **AS ATTORNEY OR AGENT Examiner Name** Not Yet Assigned Attorney Docket Number 440882000201

To: P.	O. Box 14	ner for Patents I50 VA 22313-1450							
l hereby a	I hereby apply to withdraw as attorney or agent for the above identified patent application.								
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OR									
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Address	Address Tower Two, Seventh Floor, 2525 Dupont Drive								
City	Irvine		State	California	 3		Z	Zip	92612
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Telephone	(714) 24	16-4026			Fax (714) 246-4249				
X This	s request i	is made on behalf of mys	elf and	_					
	•	•							
=	X   all the attorneys/agents of record.								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
the attorneys/agents associated with Customer Number									
This request is enclosed in triplicate (including any attachments).									
Name	Name Thomas E. Ciotti								
Signature	Thomas F. Cotti		Registration No.			21,013			
Date									
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									
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